CMP

Leslie A. Hall

45 East Church lane

Apt. 3front

Philadelphia, PA 19144

267-581-6499

19 5060

against VS.

Complaint (No juny trail)

Horizon House

120 S 30th street

Philadelphia, PA 19104

215 386-3838

Dr. P. Pandya

Curtis Frazier

Debra Oladinni

OCT 2 82019
KATE MKMAN, Clerk
By Dop. Clerk

II. Basis for Jurisdiction

Diversity of Citizenship

Plantiff state of citizenship American

Defendant state of Citizenship Indian and American

The event occurred in Philadelphia @Horizon House

Dates event occurred June 2019 June 20th-June 26

Horizon House failed to administer psychotopic medication to me in June 2019; leading to a psychotopic meltdown.

Horizon House failed to administer psychotropic medication to me in June 2019 leading to a psychotropic meltdown. Horizon's House Dr. Pandya violated my civil rights by failing to refill my medication and was unavailable until July 23,2019. His staff members Curtis Fraizer(case manager supervisor) and case manager Debra Oladini were completely negligent in honoring my frantic requests for (refills) medication.

After an initial meeting with Dr. Pandya in April 2019, He filled my prescriptions. In June, I contacted case manager Debra Oladini that I was running out and I needed refills the following week. On June 22 I ran out and called Debra and she told me they would be delivered to Horizon House the following day. The next day, she informed me that Dr. Pandya didn't have my medication prescriptions and that I would have to wait. The third day, I began to hear voices and became paranoid and experiencing psychotic flashbacks. I called Ganz apothecary and was told that they have no refills on file from Dr. Pandya. I then called my old mental health provider (Project Transition) and spoke to Dr.Sakar. Dr.Sakar told me that he could no longer fill my prescriptions. I notified my new therapist Gabby and that I was psychotic. She saw me and said I need meds ASAP. I spoke to Curtis Fraizer and he said it would be delivered "the next day". In the interim, My family took me to Chestnut Hill hospital and they told me that they cannot administer such heavy medication. They referred me to the Germantown Crisis Center. In a last ditch effort, I called my primary care physician Dr. Schiffman and her colleague Dr. Farben called my meds into Walgreens.

Injuries

I saw and heard things that caused me trauma.

Relief

Due to the harrowing experience of gross negligence exhibited by Horizon House I am requesting compensation of five million dollars to remedy my suffering and deceitful actions and denying me my civil rights and enjoyment of life.

List all defendants. You should state the full name of the defendants, even if that defendant is a government

В

	served. Make sure the	on, a corporation, or an individual. Include the address where each defendant can be at the defendant(s) listed below are identical to those contained in the above caption. ets of paper as necessary.	
Defendant No. 1		Name	
		Street Address	
		County, City	
		State & Zip Code	
Defend	lant No. 2	Name	
		Street Address	
		County, City	
		State & Zip Code	
Defendant No. 3		Name	
		Street Address	
		County, City	
		State & Zip Code	
Defendant No. 4		Name	
		Street Address	
		County, City	
		State & Zip Code	
п.	Basis for Jurisdictio	n:	
involvi case in 1332,	ing a federal question ar volving the United State	nited jurisdiction. Only two types of cases can be heard in federal court: cases and cases involving diversity of citizenship of the parties. Under 28 U.S C. § 1331, a es Constitution or federal laws or treaties is a federal question case. Under 28 U.S C. § of one state sues a citizen of another state and the amount in damages is more than inship case.	
A.	What is the basis for federal court jurisdiction? (check all that apply) Q Federal Questions Q Diversity of Citizenship		
В.	If the basis for jurisdi	ction is Federal Question, what federal Constitutional, statutory or treaty right is at	

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	C.	If the basis for jurisdiction is Diversity of Citizenship, what is the state of citizenship of each party?
		Plaintiff(s) state(s) of citizenship Amel Ch
		Defendant(s) state(s) of citizenship Indian America
	m.	Statement of Claim:
	compla include cite an	s briefly as possible the <u>facts</u> of your case. Describe how <u>each</u> of the defendants named in the caption of this aint is involved in this action, along with the dates and locations of all relevant events. You may wish to e further details such as the names of other persons involved in the events giving rise to your claims. Do not y cases or statutes. If you intend to allege a number of related claims, number and set forth each claim in a te paragraph. Attach additional sheets of paper as necessary.
	A.	Where did the events giving rise to your claim(s) occur? PNI, Adulphia PA 19119
	B.	What date and approximate time did the events giving rise to your claim(s) occur?
What happened to you?	C.	Facts:
	-	
Who did what?		
Was anyone else involved?		
Who else saw what		
happened?		

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īv.	Injuries:				
_	sustained injuries related to the events alleged above, describe them and state what medical treatment, if any, equired and received.				
v.	Relief:				
	what you want the Court to do for you and the amount of monetary compensation, if any, you are seeking, and sis for such compensation.				

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I declare under penalty of perjury that the foregoing is true and correct.				
Signed this day of	,20			
Ma Tel	nature of Plaintiff Apt 3 10 Fl Front Philapolphia, Phil			
	All plaintiffs named in the caption of the complaint must date and sign the complaint. Prisoners must also provide their inmate numbers, present place of confinement, and address.			
For Prisoners:				
I declare under penalty of perjury that on this _this complaint to prison authorities to be mailed Eastern District of Pennsylvania.	day of, 20, I am delivering to the Clerk's Office of the United States District Court for the			
;	Signature of Plaintiff:			
	Inmate Number			

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